

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **June 16-30, 2006**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

Version 7/03

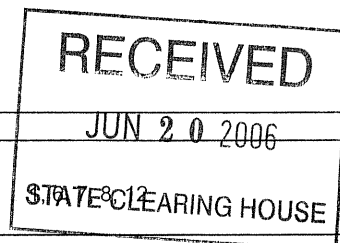
APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED		Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
5. APPLICANT INFORMATION Legal Name: Hill Country Community Clinic, Inc.		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
Organizational DUNS: 827590761		Organizational Unit: Department:		Division:	
Address: Street: 29632 Hwy 299 East P.O. Box 228 City: Round Mountain County: Shasta State: CA Zip Code: 96084 Country: U.S.A.		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Richard Middle Name: B. Last Name: Hardie Suffix: III Email: rbhardie@hillcountryclinic.org			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2831591		Phone Number (give area code): (530) 337-6702 x56 Fax Number (give area code): (530) 337-6655			
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify):		7. TYPE OF APPLICANT: (See back of form for Application Types) O. Not for profit organization Other (specify):			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: USDA Rural Development 10-766 TITLE (Name of Program): Facility Program		9. NAME OF FEDERAL AGENCY: USDA			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): CensusTract 126.01, 117, 118, Sha. Co. CA		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Hill Country Health & Wellness Center			
13. PROPOSED PROJECT Start Date: Aug. 2006 Ending Date: Sept. 2007		14. CONGRESSIONAL DISTRICTS OF: a. Applicant District 2 b. Project Same			
15. ESTIMATED FUNDING: a. Federal \$ 2,662,000 b. Applicant \$ 230,000 c. State \$ 250,000 d. Local \$ 100,000 e. Other Solar rebates, tax credits, Capital 1,463,000 f. Program Income Campaign g. TOTAL \$ 4,705,000		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 6/19/06 b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No			
a. Authorized Representative Prefix Ms. First Name Lynn Last Name Dorroh		Middle Name Ellen Suffix Ms.			
b. Title Executive Director		c. Telephone Number (give area code) 530-337-6702 x43			
d. Signature of Authorized Representative Lynn Ellen Dorroh		e. Date Signed 5/30/2006			

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION <i>Application</i> <input checked="" type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED June 14, 2006		Applicant Identifier FTA 9016	
		3. DATE RECEIVED BY STATE		State Applicant Identifier	
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION																										
Legal Name: Golden Gate Bridge, Highway and Transportation District			Organizational Unit:																							
Address (give city, county, state, and zip code): P.O. Box 9000, Presidio Station San Francisco, CA 94129			Name and telephone number of the person to be contacted on matters involving this application (give area code) Gayle Prior, Capital and Grant Programs Analyst (415) 923-2373																							
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 4 - 6 0 0 0 6 9 6 </div>			7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="border: 1px solid black; padding: 2px; display: inline-block; float: right;">G</div> <div style="clear: both;"></div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 45%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div>																							
8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es): <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> <input type="checkbox"/> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> <input type="checkbox"/> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;"> A. Increase Award D. Decrease Duration </div> <div style="width: 30%;"> B. Decrease Award Other (specify): _____ </div> <div style="width: 30%;"> C. Increase Duration </div> </div>			9. NAME OF FEDERAL AGENCY: Federal Transit Administration																							
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 5px;"> 2 0 . 5 0 7 </div>			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: FY 2006 Capital Assistance for various projects including Bus Replacements, Bus Radio/Communications System Replacement, Santa Rosa Fuel Tanks Replacement, Computerized Dispatch Upgrade, and Management Information systems																							
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Counties of Marin, Sonoma, San Francisco and Contra Costa																										
13. PROPOSED PROJECT: Start Date: 07/01/2006 Ending Date: 12/31/2008		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 6 and 8 b. Project:																								
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">a. Federal</td> <td style="width: 10%;">\$</td> <td style="width: 70%;">16,730,820.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>4,091,496.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>20,848,689.00</td> </tr> </table>		a. Federal	\$	16,730,820.00	b. Applicant	\$	4,091,496.00	c. State	\$	0.00	d. Local	\$	0.00	e. Other	\$	0.00	f. Program Income	\$	0.00	g. TOTAL	\$	20,848,689.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> DATE <div style="border-bottom: 1px solid black; flex-grow: 1;">June 14, 2006</div> </div> b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
a. Federal	\$	16,730,820.00																								
b. Applicant	\$	4,091,496.00																								
c. State	\$	0.00																								
d. Local	\$	0.00																								
e. Other	\$	0.00																								
f. Program Income	\$	0.00																								
g. TOTAL	\$	20,848,689.00																								
		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																								
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																										
a. Typed Name of Authorized Representative Celia G. Kupersmith			b. Title General Manager		c. Telephone number (415) 923-2203																					
d. Signature of Authorized Representative 					e. Date Signed 6/14/06																					



DRAFT

PART I - FACE SHEET

State Clearinghouse
FAX (916) 323-3018
6/21/06 4:10 pm

APPLICATION FOR FEDERAL ASSISTANCE		1. TYPE OF SUBMISSION: Non-Construction															
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):		STATE APPLICATION IDENTIFIER:															
2b. APPLICATION ID: 07SR066781		GRANT NUMBER:															
3. DATE RECEIVED BY STATE:		4. DATE RECEIVED:															
5. APPLICATION INFORMATION																	
LEGAL NAME: Conejo Recreation & Park District DUNS NUMBER: 931442809		NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: Cindy Powers TELEPHONE NUMBER: (805) 381-2742 FAX NUMBER: (805) 495-5430 INTERNET E-MAIL ADDRESS: rsvp@crpd.org															
ADDRESS (give street address, city, state and zip code): 403 W. Hillcrest Drive Thousand Oaks CA 91360 - 4223		6. EMPLOYER IDENTIFICATION NUMBER (EIN): 952265201															
7. TYPE OF APPLICANT: 7a. Local Government - Municipal 7b. Local Government, Municipal		<div style="border: 2px solid black; padding: 10px; text-align: center;"> RECEIVED JUN 21 2006 STATE CLEARING HOUSE </div>															
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> CONTINUATION <input type="checkbox"/> REVISION If Revision, enter appropriate letter(s) in box(es): <input type="text"/> <input type="text"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration																	
9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Conejo Valley Retired and Senior Volunteer Program															
10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 84.002 10b. TITLE: Retired and Senior Volunteer Program		12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc): City of Thousand Oaks, Newbury Park and parts of Westlake Village in Ventura County, State of CA															
13. PROPOSED PROJECT: START DATE: 10/01/06 END DATE: 09/30/09		14. PERFORMANCE PERIOD: START DATE: END DATE:															
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <input checked="" type="checkbox"/> YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 21-JUN-07															
<table border="1"> <tr> <td>a. FEDERAL</td> <td>\$ 56,719.00</td> </tr> <tr> <td>b. APPLICANT</td> <td>\$ 137,022.00</td> </tr> <tr> <td>c. STATE</td> <td>\$ 0.00</td> </tr> <tr> <td>d. LOCAL</td> <td>\$ 137,022.00</td> </tr> <tr> <td>e. OTHER</td> <td>\$ 0.00</td> </tr> <tr> <td>f. PROGRAM INCOME</td> <td>\$ 0.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$ 193,741.00</td> </tr> </table>		a. FEDERAL	\$ 56,719.00	b. APPLICANT	\$ 137,022.00	c. STATE	\$ 0.00	d. LOCAL	\$ 137,022.00	e. OTHER	\$ 0.00	f. PROGRAM INCOME	\$ 0.00	g. TOTAL	\$ 193,741.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES If "Yes," attach an explanation. <input checked="" type="checkbox"/> NO	
a. FEDERAL	\$ 56,719.00																
b. APPLICANT	\$ 137,022.00																
c. STATE	\$ 0.00																
d. LOCAL	\$ 137,022.00																
e. OTHER	\$ 0.00																
f. PROGRAM INCOME	\$ 0.00																
g. TOTAL	\$ 193,741.00																
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																	
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: Lizzie Benton-Scott		b. TITLE: Administrator															
c. TELEPHONE NUMBER: 805-495-6471		d. DATE:															

WATSONVILLE SCHOOL - COMMUNITY POLICING SECURITY INITIATIVE

OMB Number: 4010-0004
Expiration Date: 07/31/2006

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

* 2. Type of Application:

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

RECEIVED

JUN 21 2006

8. APPLICANT INFORMATION:

* a. Legal Name: Watsonville, City of

STATE CLEARING HOUSE

* b. Employer/Taxpayer Identification Number (EIN/TIN):

946000451

* c. Organizational DUNS:

030414994

d. Address:

* Street1:

215 Union Street

Street2:

P. O. Box 1930

* City:

Watsonville

County:

Santa Cruz

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code: 95077

c. Organizational Unit:

Department Name:

Watsonville Police Department

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

* First Name:

Linda

Middle Name:

* Last Name: Peters

Suffix:

Title: Financial & Technical Support Manager

Organizational Affiliation:

* Telephone Number: 831-768-3306

Fax Number: 831-724-3335

* Email: lpeters@ci.watsonville.ca.us

OMB Number: 4040-0004
Expiration Date: 07/31/2006

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

16.710

CFDA Title:

Public Safety & Community Policing Grants

* 12. Funding Opportunity Number:

COPS-SOS-2006-1

* Title:

Secure Our Schools

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Watsonville, California

* 15. Descriptive Title of Applicant's Project:

The Watsonville School-Community Policing Security Initiative is a partnership between the police department and Pajaro Valley Unified School District to leverage technology to reduce campus crime.

Attach supporting documents as specified in agency instructions.

[Add Attachments](#) [Delete Attachments](#) [View Attachments](#)

OMB Number: 4040-0004
Expiration Date: 07/31/2006

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant 17th

* b. Program/Project 17th

Attach an additional list of Program/Project Congressional Districts if needed.

[Add Attachment](#) [Delete Attachment](#) [View Attachments](#)

17. Proposed Project:

* a. Start Date: 10/01/2006

* b. End Date: 09/30/2008

18. Estimated Funding (\$):

* a. Federal	100,000.00
* b. Applicant	50,000.00
* c. State	
* d. Local	
* e. Other	50,000.00
* f. Program Income	
* g. TOTAL	200,000.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 06/21/2006.☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name: Carlos
Middle Name: J
* Last Name: Palacios
Suffix:

* Title: City Manager

* Telephone Number: 831-768-3010 Fax Number: 831-761-0736

* Email: citymanager@ci.watsonville.ca.us

* Signature of Authorized Representative: Completed by Grants.gov upon submission. * Date Signed: Completed by Grants.gov upon submission.

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)

Prescribed by OMB Circular A-102

page 3

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

2. DATE SUBMITTED

Applicant Identifier

40488

3. DATE RECEIVED BY STATE

State Application Identifier

1. * TYPE OF SUBMISSION

- ☐ Pre-application ☒ Application
☐ Changed/Corrected Application

4. Federal Identifier

5. APPLICANT INFORMATION

* Organizational DUNS: 0467058490000

* Legal Name: Regents of the University of California, Irvine

Department: Research & Graduate Studies

Division: Research Administration

* Street1: 300 University Tower

Street2:

* City: Irvine

County: Orange

* State: CA

* ZIP Code: 92697

* Country: USA

RECEIVED

JUN 22 2006

STATE CLEARING HOUSE

Person to be contacted on matters involving this application

Prefix: * First Name: Darlene Middle Name: Suffix:

* Phone Number: 949-824-0341

Fax Number: 949-824-209

Email: dksullivan@uci.edu

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):

952226406

7. * TYPE OF APPLICANT:

F: State-Controlled Institution of Higher Education

Other (Specify):

8. * TYPE OF APPLICATION: ☒ New☐ Resubmission ☐ Renewal ☐ Continuation ☐ Revision

Small Business Organization Type

☐ Women Owned☐ Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).

☐ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration☐ D. Decrease Duration ☐ E. Other (specify)* Is this application being submitted to other agencies? Yes ☐ No ☒

What other Agencies?

9. * NAME OF FEDERAL AGENCY:

Office of Science

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

81.049

TITLE: Office of Science Financial Assistance Program

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Time-Resolved Single-Molecule Chemical Imaging Studies of Interfacial Electron Transfer

12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)

US

13. PROPOSED PROJECT:

* Start Date

* Ending Date

09/01/2006

09/31/2009

14. CONGRESSIONAL DISTRICTS OF:

a. * Applicant

b. * Project

48

48

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: * First Name: Wilson Middle Name: Last Name: Ho Suffix: PhD

Position/Title: Professor

* Organization Name: University of California, Irvine

Department: Physics and Astronomy

Division:

* Street1: 2162 Frederick Reines Hall

Street2:

* City: Irvine

County: Orange

* State: CA

* ZIP Code: 92697

* Country: USA

* Phone Number: 949-824-5234

Fax Number: 949-824-2174

* Email: wilsonho@uci.edu

OMB Number: 4040-0001

Expiration Date: 04/30/2006

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

Page 2

16. ESTIMATED PROJECT FUNDING

a. * Total Estimated Project Funding 300,000.00

b. * Total Federal & Non-Federal Funds 300,000.00

c. * Estimated Program Income 0.00

17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE: 06/22/2006

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☒ * I agree

* The list of certifications and assurances, or an internal site where you may obtain this list, is contained in the announcement or agency specific instructions.

19. Authorized Representative

Prefix: * First Name: Darlene Middle Name: * Last Name: Sullivan Suffix:

* Position/Title: Contract and Grant Officer * Organization: Regents of the University of California, Irvine

Department: Research & Graduate Studies Division: Research Administration

* Street1: 300 University Tower Street2:

* City: Irvine County: Orange * State: CA * ZIP Code: 92697

* Country: USA

* Phone Number: 949-824-0341 Fax Number: 949-824-2094 * Email: dksulliv@uci.edu

* Signature of Authorized Representative

Completed on submission to Grants.gov

* Date Signed

Completed on submission to Grants.gov

20. Pre-application

[Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

OMB Number: 4040-0001

Expiration Date: 04/30/2008

Application for Federal Assistance SF-424		Version 02
* 1. Type of Submission: <input type="radio"/> Preapplication <input checked="" type="radio"/> Application <input type="radio"/> Changed/Corrected Application		* 2. Type of Application: * If Revision, select appropriate letter(s): <input checked="" type="radio"/> New <input type="radio"/> Continuation <input type="radio"/> Revision * Other (Specify)
* 3. Date Received:		4. Applicant Identifier:
5a. Federal Entity Identifier:		* 5b. Federal Award Identifier:
State Use Only:		<div>RECEIVED</div> <div>JUN 22 2006</div> <div>STATE CLEARING HOUSE</div>
6. Date Received by State:	7. State Application Identifier:	
8. APPLICANT INFORMATION:		
* a. Legal Name: Grass Valley Police Department		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000342		* c. Organizational DUNS: 062400192
d. Address:		
* Street1: 129 S. Auburn Street		
Street2:		
* City: Grass Valley		
County: Nevada		
* State: CA		
Province:		
* Country: US		
* Zip / Postal Code: 95945		
e. Organizational Unit:		
Department Name:		Division Name:
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:		
* First Name: Verona		
Middle Name:		
* Last Name: Werner		
Suffix:		
Title: Administrative Aide		
Organizational Affiliation:		
* Telephone Number: (530) 477-4600		Fax Number: (530) 274-4329
* Email: vwerner@gvvpd.net		

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: City government	
Type of Applicant 2:	
Type of Applicant 3:	
* Other (specify):	
* 10. Name of Federal Agency: US DOJ COPS	
11. Catalog of Federal Domestic Assistance Number: 16.710	
CFDA Title:	
* 12. Funding Opportunity Number: COPS - OTHER - TECH - 2006 - 1	
* Title:	
13. Competition Identification Number:	
Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.): City of Grass Valley	
* 15. Descriptive Title of Applicant's Project: Creation of Emergency Operations Center	
Attach supporting documents as specified in agency instructions.	

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant CA-002

* b. Program/Project: CA-002

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date: 11/22/2005

* b. End Date: 11/21/2008

18. Estimated Funding (\$):

* a. Federal \$49,361

* b. Applicant

* c. State

* d. Local

* e. Other

* f. Program Income

* g. TOTAL \$49,361

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on _____☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent on Any Federal Debt? (If "Yes", provide explanation on the next page.)

☐ Yes ☒ No

21. "By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☐ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Standard Form 424 (Revised 10/2005)

Prescribed by OMB Circular A-102

Prefix: Mr.

* First Name: Gene

Middle Name:

* Last Name: Haroldsen

Suffix:

* Title: City Administrator

* Telephone Number: (530) 274-4310

Fax Number: (530) 274-4399

* Email: gene@cityofgrassvalley.com

* Signature of Authorized Representative:

* Date Signed: 6/20/06

Authorized for Local Reproduction

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission:

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

* 2. Type of Application:

- ☒ New
☐ Continuation
☐ Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

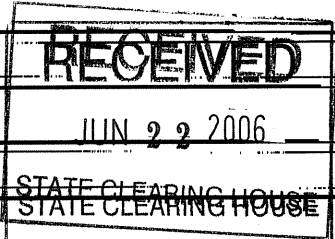
* a. Legal Name: City of San Rafael

* b. Employer/Taxpayer Identification Number (EIN/TIN):

94-6000424

* c. Organizational DUNS:

082447459



d. Address:

* Street1:

1400 Fifth Avenue

Street2:

P.O. Box 151560

* City:

San Rafael

County:

Marin

* State:

CA: California

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

94915-1560

e. Organizational Unit:

Department Name:

Police Department

Division Name:

Administration

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

* First Name: Lynne

Middle Name:

Elisabeth

* Last Name:

Ohlson

Suffix:

Title: Management Analyst

Organizational Affiliation:

San Rafael Police Department

* Telephone Number:

415-458-5301

Fax Number:

415-458-5344

* Email:

lynne.ohlson@srpd.org

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

* 12. Funding Opportunity Number:

COPS-SOS-2006-1

* Title:

Secure Our Schools

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

City of San Rafael, San Rafael City School District and Dixie School District

* 15. Descriptive Title of Applicant's Project:

San Rafael 2006 Secure our Schools

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant CA-006

* b. Program/Project CA-006

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

New Attachment

17. Proposed Project:

* a. Start Date: 10/01/2006

* b. End Date: 09/30/2008

18. Estimated Funding (\$):

* a. Federal	125,000.00
* b. Applicant	136,508.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	261,508.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 06/22/2006☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes☒ No

Explanation

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: First Name: Thomas

Middle Name: H.

* Last Name: Simms

Suffix:

* Title: Chief of Police

* Telephone Number: 415-485-3009

Fax Number: 415-458-5344

* Email: tom.simms@sfpd.org

* Signature of Authorized Representative: Completed by Grants.gov upon submission.

* Date Signed: Completed by Grants.gov upon submission.

Application for Federal Assistance SF-424

Version 02

*** Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

Application for Federal Assistance SF-424		Version 02
* 1. Type of Submission: <input type="radio"/> Preapplication <input checked="" type="radio"/> Application <input type="radio"/> Changed/Corrected Application	* 2. Type of Application: * If Revision, select appropriate letter(s): <input checked="" type="radio"/> New <input type="radio"/> Continuation <input type="radio"/> Other (Specify) <input type="radio"/> Revision	
* 3. Date Received: 4. Applicant Identifier:		
5a. Federal Entity Identifier:		* 5b. Federal Award Identifier:
State Use Only:		
6. Date Received by State:		7. State Application Identifier:
8. APPLICANT INFORMATION:		
* a. Legal Name: City of Stockton Police Department		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000436		* c. Organizational DUNS: 030911858
d. Address:		
* Street1: 22 East Market Street Street2: _____ * City: Stockton County: San Joaquin * State: CA Province: _____ * Country: USA * Zip / Postal Code: 95202		<div style="border: 2px solid black; padding: 10px; margin: 0 auto; width: 150px;"> RECEIVED JUN 23 2006 STATE CLEARING HOUSE </div>
e. Organizational Unit:		
Department Name: Police Department		Division Name:
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Mr. * First Name: Bob Middle Name: _____ * Last Name: Marconi Suffix: _____ Title: Program Manager III Organizational Affiliation: _____ * Telephone Number: (209) 937-8651 Fax Number: (209) 937-8896 * Email: Bob.Marconi@ci.stockton.ca.us		

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant 11, 18

* b. Program/Project: 11, 18

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date: 10/01/2006

* b. End Date: 09/30/2009

18. Estimated Funding (\$):

* a. Federal 49,361.00
 * b. Applicant
 * c. State
 * d. Local
 * e. Other
 * f. Program Income
 * g. TOTAL 49,361.00

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on June 20, 2006
☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
☐ c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent on Any Federal Debt? (If "Yes", provide explanation on the next page.)**

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Standard Form 424 (Revised 10/2005)

Prescribed by OMB Circular A-102

Prefix: Mr. * First Name: J.
 Middle Name: Gordon
 * Last Name: Palmer
 Suffix: Jr.

* Title: City Manager

* Telephone Number: (209) 937-8294

Fax Number: (209) 937-7149

* Email: CityManager@ci.stockton.ca.us

* Signature of Authorized Representative

* Date Signed: 5/25/06

Authorized for Local Reproduction

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED		Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
5. APPLICANT INFORMATION Legal Name: City of Torrance		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
Organizational DUNS: 13-619-0357		Organizational Unit: Department: Transit Department		Division: -	
Address: Street: 3031 Torrance Boulevard City: Torrance County: Los Angeles State: California Zip Code: 90503 Country: United States of America		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: James Middle Name: Robert Last Name: Mills Suffix: - Email: jmills@torrnet.com		Phone Number (give area code): (310) 618-6291 Fax Number (give area code): (310) 618-6229	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 93-6000803		7. TYPE OF APPLICANT: (See back of form for Application Types) (c) Municipal Other (specify)		9. NAME OF FEDERAL AGENCY: Federal Transit Administration	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-507		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: FY 06 Section 5307 Capital Assistance	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Torrance, Carson, Gardena, Hawthorne, Lawndale, Lomita, Long Beach, Los Angeles and Redondo Beach		13. PROPOSED PROJECT Start Date: 7/1/05 Ending Date: 12/31/07		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 36 & 37 b. Project: 36 & 37	
15. ESTIMATED FUNDING: a. Federal: \$ 2,749,014 b. Applicant: \$ 0 c. State: \$ 0 d. Local: \$ 687,253 e. Other: \$ 0 f. Program Income: \$ 0 g. TOTAL: \$ 3,436,267		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes: <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 6/22/06 b. No: <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative Prefix: Mr. First Name: LeRoy Last Name: Jackson b. Title: City Manager c. Signature of Authorized Representative: [Signature] d. Date Signed: 6/26/06		Middle Name: - Suffix: - c. Telephone Number (give area code): (310) 618-5880 e. Date Signed: 6/26/06			

Authorized for Local Reproduction

Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

Version 7/03

**APPLICATION FOR
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 6/26/06	Applicant Identifier 06360
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: City of Los Angeles, Environmental Affairs Department		Organizational Unit: Department: Environmental Affairs	
Organizational DUNS:		Division:	
Address: Street: 201 N. Spring Street, Room 1905 City: Los Angeles County: Los Angeles State: CA Zip Code: 90012 Country: USA		Name and telephone number of person to be contacted on matters involving this application (give area code) Craig Tranby, (213) 978-0871 Prefix: Mr. First Name: Craig Middle Name: Last Name: Tranby Suffix: Email: craig.tranby@lacity.org	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000735		Phone Number (give area code) (213) 978-0871 Fax Number (give area code) (213) 978-0890	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) C Other (specify)	
10 CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-818 TITLE (Name of Program): Brownfields Assessment Grant		9. NAME OF FEDERAL AGENCY: EPA	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc): City of Los Angeles		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Washington Boulevard Corridor Brownfields Hazardous Assessment Grant	
13. PROPOSED PROJECT Start Date: October 1, 2006 Ending Date: September 30, 2009		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 25,27,28,29,30,31,32,33,34,35,36,37, 39,46 b. Project 31	
15. ESTIMATED FUNDING: a. Federal \$ 200,000 b. Applicant \$ c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 200,000		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 6/26/06 b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
19. Authorized Representative			
Prefix Ms. First Name Detrich		Middle Name B.	
Last Name Allen		Suffix	
b. Title General Manager		c. Telephone Number (give area code) (213) 978-0841	
d. Signature of Authorized Representative <i>Detrich B. Allen</i>		e. Date Signed 6/26/06	

OMB Number: 4040-0004
Expiration Date: 07/31/2006

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		* If Revision, select appropriate letter(s): * Other (Specify) 	
* 3. Date Received: Completed by Grants.gov upon submission.		4. Applicant Identifier: 			
5a. Federal Entity Identifier: 		* 5b. Federal Award Identifier: 			
State Use Only:		RECEIVED JUN 29 2006 STATE CLEARING HOUSE			
6. Date Received by State: <input type="text"/>					
8. APPLICANT INFORMATION:					
* a. Legal Name: City of Sacramento, Police Department					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000410			* c. Organizational DUNS: 140145660		
d. Address:					
* Street1:		5770 Freeport Boulevard, Suite 100			
Street2:					
* City:		Sacramento			
County:		Sacramento			
* State:		CA: California			
Province:					
* Country:		USA: UNITED STATES			
* Zip / Postal Code:		95822			
e. Organizational Unit:					
Department Name: Police Department			Division Name: Office of the Chief		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix: Mr.		* First Name: James			
Middle Name:					
* Last Name: Maccoun					
Suffix:					
Title: Lieutenant					
Organizational Affiliation: Law Enforcement					
* Telephone Number: 916-433-0866		Fax Number: 916-433-0860			
* Email: jmacoun@pd.cityofsacramento.org					

OMB Number: 4040-0004
Expiration Date: 07/31/2006

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

* 12. Funding Opportunity Number:

COPS-SOS-2006-1

* Title:

Secure Our Schools

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

City of Sacramento

* 15. Descriptive Title of Applicant's Project:

City of Sacramento Secure Our Schools

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

OMB Number: 4040-0004
Expiration Date: 07/31/2006

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant 5

* b. Program/Project 5

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date: 10/01/2006

* b. End Date: 09/30/2008

18. Estimated Funding (\$):

* a. Federal	346,575.00
* b. Applicant	346,575.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	693,150.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 06/28/2006☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Mr. * First Name: Craig
Middle Name:
* Last Name: Mohar
Suffix:

* Title: Analyst

* Telephone Number: 916-264-5489 Fax Number: 916-264-5488

* Email: cmohar@pd.cityofsacramento.org

* Signature of Authorized Representative: Completed by Grants.gov upon submission. * Date Signed: Completed by Grants.gov upon submission.

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

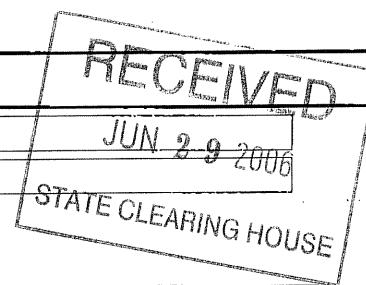
OMB Number: 4040-0004

Expiration Date: 07/31/2006

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify) <input type="text"/>	
* 3. Date Received: Completed by Grants.gov upon submission.		4. Applicant Identifier: <input type="text"/>			
5a. Federal Entity Identifier: <input type="text"/>			* 5b. Federal Award Identifier: <input type="text"/>		
State Use Only:					
6. Date Received by State: <input type="text"/>		7. State Application Identifier: <input type="text"/>			
8. APPLICANT INFORMATION:					
* a. Legal Name: City of Riverside					
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6000769			* c. Organizational DUNS: 040502114		
d. Address:					
* Street1:		3900 Main Street			
Street2:		<input type="text"/>			
* City:		Riverside			
County:		Riverside			
* State:		CA: California			
Province:		<input type="text"/>			
* Country:		USA: UNITED STATES			
* Zip / Postal Code:		92522			
e. Organizational Unit:					
Department Name: Riverside Police Department			Division Name: Management Services		
f. Name and contact information of person to be contacted on matters involving this application:					
Prefix:		Ms.		* First Name: Patty	
Middle Name:		Ann			
* Last Name:		Tambe			
Suffix:		<input type="text"/>			
Title: Senior Management Analyst					
Organizational Affiliation: Grant Management and Administration					
* Telephone Number:		951-826-5869		Fax Number: 951-826-5360	
* Email:		ptambe@riversideca.gov			



OMB Number: 4040-0004
Expiration Date: 07/31/2006

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

G: Independent School District

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Community Oriented Policing Services

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

* 12. Funding Opportunity Number:

COPS-SOS-2006-1

* Title:

Secure Our Schools

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

City of Riverside

* 15. Descriptive Title of Applicant's Project:

Law Enforcement/School Partnership to map school facilities in GIS data in order to provide more efficient and timely response to school safety issues.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

OMB Number: 4040-0004
Expiration Date: 07/31/2006

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant 44

* b. Program/Project 44

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date: 07/01/2006

* b. End Date: 06/30/2008

18. Estimated Funding (\$):

* a. Federal	165,562.50
* b. Applicant	0.00
* c. State	0.00
* d. Local	165,562.50
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	331,125.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 06/29/2006☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.☐ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name: Bradley
Middle Name: J
* Last Name: Hudson
Suffix:

* Title: City Manager

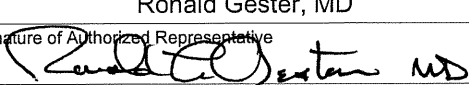
* Telephone Number: 951-826-5761 Fax Number: 951-826-5470

* Email: bhudson@riversideca.gov


* Signature of Authorized Representative: Completed by Grants.gov upon submission. * Date Signed: Completed by Grants.gov upon submission.

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

		2. DATE SUBMITTED June 30, 2006	Applicant Identifier
1. TYPE OF SUBMISSION: Application Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Anderson Valley Ambulance Service		Organizational Unit:	
Address (give city, county, state, and zip code): P.O. Box 144 Boonville, Mendocino County, CA 95415		Name and telephone number of the person to be contacted on matters involving this application (give area code) Judith Dolan 707.895.3477	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;">94 - 1683425</div>		7. TYPE OF APPLICANT: (enter appropriate letter in box) N	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): _____		A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District	
		H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Not for Profit</u>	
		9. NAME OF FEDERAL AGENCY: U.S. Department of Agriculture Rural Development	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 - 766</div>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Anderson Valley Volunteer Ambulance Service replaces its 12 year old and only ambulance with a new state of the art ambulance and continues to provide the only ambulance service to the people of Anderson Valley.	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Boonville, Navarro, Philo, Yorkville, Mendocino County,			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 08/01/06	Ending Date 12/31/06	a. Applicant 1st District, Mendocino	
		b. Project 1st District, Mendocino	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 50,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: <u>June 23, 2006</u>	
b. Applicant	\$ 45,000.00		
c. State		b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local			
e. Other		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$		
g. TOTAL	\$ 95,000.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Ronald Gester, MD		b. Title Chairperson, Board of Directors	c. Telephone Number 707.895.2304
d. Signature of Authorized Representative 		e. Date Signed 06/23/06	

**Application for
Federal Assistance**

1. Type of Submission Application Application Amendment Preapplication <input checked="" type="checkbox"/> Constuction <input type="checkbox"/> Construction <input type="checkbox"/> Non-Constuction <input type="checkbox"/> Non-Construction		2. Date Submitted 20-Jun-06	3. Applicant Identifier
3. Date received State		State Application Identifier	
4. Date received by Federal Agency:		Federal Identifier	
5. Applicant Information			
6. Legal Name: San Mateo County Transit District (SamTrans)			
Address (give city, county, state, and zip) 1250 San Carlos Avenue San Carlos, San Mateo County California 94070-1306		Name and telephone of contact person (give area code) Joel Slavit, Manager Capital Programs & Grants (650) 508-6476	
6. Employer Identification Number (EIN): 9 4 2325976		7. Type of Applicant (enter appropriate letter in box) G	
8. Type of Application <input type="checkbox"/> new <input type="checkbox"/> continuation <input checked="" type="checkbox"/> Revision If revision, enter appropriate letter(s) in boxes: A <input type="checkbox"/> A. Increased Award B. Decreased Award C. Increase Award D. Decrease Duration Other (specify):		A. State B. County C. Municipal D. Township E. Interstate F. Intermural G. Special District H. Independent School Dst. I. State Controlled Institution of higher learning. J. Private University K. Indian Tribe L. Profit Insitution M. Other: MPO	
10. Catalog of federal domestic assistance number: 20.507 Section 5307 Program		9. Name of federal Agency: Federal Transit Administration	
12. Areas affected by project: San Mateo County		11. Descriptive title of applicant project FY 2005 Capital and Operating Assistance Grant Amendment The following projects are being amended in grant CA-90-Y344-02: Buy Replacement Minivans Leased Tire Program Maintenance & Operating Equipment Rehab and Replacement	
13. Proposed Projects in Grant Start Date: 10/28/2004 End Date: 1/15/2009		<div style="border: 2px solid black; padding: 5px; transform: rotate(-2deg); display: inline-block;"> RECEIVED JUN 29 2006 STATE CLEARING HOUSE </div>	
15. Estimated Funding for amended projects			
a. Federal	\$542,631	14. Congressional Districts of:	
b. Applicant		a. Applicant	B. Project
c. State		12 & 14	12 & 14
d. Local	\$135,658		
f. Program Income		16. Is application subject to review by state executive 12372 process? Yes	
e. Other		a. Yes this preapplication/application was made available to the state executive order 12372 process review on Date: 06/28/06	
g. TOTAL	\$678,289	b. No <input type="checkbox"/> Program is not covered by E.). 12372 or <input type="checkbox"/> or program has notbeen selected by state for review	
17. Is the applicant delinquent on any federal debt? <input type="checkbox"/> Yes.(attach an explanation) <input checked="" type="checkbox"/> No.			
18. To the best of my knowledge and belief, all data in this application preapplication are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if assistance is awarded.			
a. Typed Name of Authorized Representative Michael J. Scanlon		b. Title General Manager	c. Telephone Number: (650) 508-6221
d. Signature of Authorized representative 		e. Date Signed 6/27/06	

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED June 12, 2006	Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION			
Legal Name: McFarland Unified School District		Organizational Unit: School District	
Address (give city, county, State, and zip code): 601 Second St. McFarland, CA 93250		Name and telephone number of person to be contacted on matters involving this application (give area code) Bill Young (661) 792-3081	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95 — 3401486		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. <input checked="" type="checkbox"/> H I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: USDA Rural Development	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10 — 766 TITLE: Community Facilities Grant		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Security Cameras for all campuses in School District	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of McFarland			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 10/1/06	Ending Date 12/1/06	a. Applicant 20 Costa	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 40,000 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____	
b. Applicant	\$ 69,666 ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ _____ ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
d. Local	\$ _____ ⁰⁰	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
e. Other	\$ _____ ⁰⁰	a. Type Name of Authorized Representative Jim Schiffman	
f. Program Income	\$ _____ ⁰⁰	b. Title Superintendent	
g. TOTAL	\$ 109,666 ⁰⁰	c. Telephone Number (661) 792-3081	
d. Signature of Authorized Representative		e. Date Signed	

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 6/30/06		Applicant Identifier	
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: City of La Verne Police Department			Organizational Unit: Department:		
Organizational DUNS:			Division:		
Address: Street: 2061 Third Street			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: La Verne			Prefix: Mr. First Name: Darryl		
County: Los Angeles			Middle Name:		
State: CA Zip Code: 91750			Last Name: Seube		
Country: USA			Suffix:		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000732			Email: dseube@lvpd.org		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)			7. TYPE OF APPLICANT: (See back of form for Application Types) City Police Department		
Other (specify)			Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): COPS SOS			8. NAME OF FEDERAL AGENCY: U.S. Dept. of Justice		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of La Verne, CA			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: City of La Verne Police Dept. COPS SOS Project to place a full-time sworn officer at Ramona Middle School to improve school safety and be a positive influence on students.		
13. PROPOSED PROJECT Start Date: 9/1/06 Ending Date: 8/31/08			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 26 b. Project 26		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal \$ 103,216.66			a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON 6/30/06		
b. Applicant \$ 105,353.24			DATE:		
c. State \$			b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local \$			<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other \$			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income \$			<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL \$ 208,569.90					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix Mr.		First Name Scott		Middle Name	
Last Name Pickwith				Suffix	
b. Title Chief of Police				c. Telephone Number (give area code) 909 596-1913	
d. Signature of Authorized Representative				e. Date Signed 6/29/06	

Previous Edition Usable
Authorized for Local ReproductionStandard Form 124 (Rev. 9-2003)
Prescribed by OI. B Circular A-102